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# Maternal and Child Health Integrated Program Zimbabwe

## Annual Report FY 2010

(covering start-up activities during the period  
January 1, 2010 to September 30, 2010)

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## ACRONYMS AND ABBREVIATIONS

BEmONC	Basic Emergency Obstetrical and Newborn Care
DFID	United Kingdom Department for International Development
DH	District Hospital
DHE	District Health Executive
EGPAF	Elizabeth Glazer Pediatric AIDS Foundation
EU	European Union Commission
F&A	Finance and administration
FP	Family Planning
GAVI	Global Alliance for Vaccines and Immunization
HBB	Helping Babies Breathe
HFA	Health Facility Assessment
ICC	Immunization Interagency Coordinating Committee
IRC	International Rescue Committee
KMC	Kangaroo Mother Care
MCHIP	Maternal and Child Health Integrated Project
MNCH	Maternal, newborn and child health
MNH	Maternal and newborn health
MOHCW	Zimbabwe's Ministry of Health and Child Welfare
OPHID	Organization for Public Health Interventions and Development
PMP	Performance Monitoring Plan
PMTCT	Prevention of Mother-to-Child Transmission of HIV
QOC	Quality of Care
RED	Reaching Every District
RHC	Rural Health Center
SBM-R	Standards Based Management and Recognition
SCMS	Supply Chain Management System Project
STTA	Short-term Technical Assistance
TOR	Terms of Reference
UNFPA	United Nations Population Fund
UNICEF	United Nations Children Fund
USAID	United States Agency for International Development
WHO	World Health Organization

## I. INTRODUCTION

In January 2010, at USAID/Zimbabwe's request, a four-person MCHIP/USAID team assessed maternal, newborn and child health needs and opportunities during a two week period in country. On the basis of this assessment, an initial program proposal was developed and submitted to the Mission and USAID/Washington for review. This plan was subsequently refined based on feedback from USAID, the Ministry of Health and Child Welfare (MOHCW) and other key partners. It was then resubmitted and approved in early June of 2010. Even before this, however, USAID/Zimbabwe had authorized MCHIP to begin recruitment for key staff and initiate other important start up activities.

MCHIP/Zimbabwe's vision is to significantly contribute to accelerated and sustainable improvement in maternal, newborn, and child health (MNCH) in Zimbabwe through scaling up of evidence-based, high impact, integrated public health interventions.

MCHIP/Zimbabwe's goal is to assist in scaling up evidence-based, high impact maternal, newborn, and child health interventions and thereby to contribute to significant reductions in maternal and child mortality and progress towards Millennium Development Goals (MDG) 4 and 5. In striving to reach this vision and goal, MCHIP/Zimbabwe will facilitate and support current government efforts in public health and will complement the programs of other local and international development partners in its target areas.

Working closely with the MOHCW and in collaboration with other key technical partners such as UNICEF, WHO, DFID, EGPAF, UNFPA, and others, MCHIP's four primary objectives are to:

1. Support the MOHCW to formulate national health policies, strategies and programs that increase the population's access to affordable, evidence-based, high impact maternal, newborn, and child health/family planning (MNCH/FP) interventions;
2. Improve the quality of maternal and newborn health services provided by District Hospitals (DH) and high-volume Rural Health Centers (RHC);
3. Improve the coverage and quality of high-impact MNCH/FP interventions provided by Primary Care Nurses in RHCs and by Village Health Workers in communities; and
4. Increase routine immunization coverage, focusing on those districts with large numbers of unimmunized children, and successfully obtain and introduce pneumococcal vaccine by 2013.

In the first phase of the program, MCHIP will engage in central-level policymaking activities, while focusing on service delivery improvements in two district "learning sites" in Manicaland province. This dual strategy enables the program to continue to participate in the complex and nuanced political landscape while concentrating on executing concrete actions and innovations that can then be brought to the policy level as field-tested experience. The learning sites are meant to be a means to achieving innovations at scale by first demonstrating achievements and then working with partners on scaling them up in later phases of the program.

JSI is the lead MCHIP partner in Zimbabwe based on its track record of successful USAID program implementation (DELIVER, SCMS) in the country. JSI will lead the program's child

health and immunization components, while also managing the overall effort and acting as the principle contact with USAID/Zimbabwe and the MOHCW. Jhpiego is the technical lead for maternal health and post-partum family planning in Zimbabwe. Save the Children is leading the program's newborn health activities. All three MCHIP partner organizations are contributing local staff (and home office support) to the MCHIP/Zimbabwe team.

This report summarizes program start up and our initial technical assistance activities from January through September 2010.

## **II. PROGRAM START-UP**

### Recruiting Staff and Setting Up the MCHIP Office

By the time the workplan was approved in early June 2010, MCHIP had conducted the first of several start-up missions (April) during which the recruitment process was started and the search for office space began. A second mission in May/June focused on continuing the search for space, hiring an interim administrator, and conducting interviews for a number of the program's key posts. During this second trip, MCHIP selected candidates for Country Director, Maternal Health Advisor, Clinical Training Advisor, Newborn Coordinator, and Child Health/Immunization Advisor. Negotiations with three of these individuals were successful; in the other two cases, salary expectations could not be met. Based on results of the initial recruitment effort, the MCHIP partners decided to reopen recruitment for the Country Director, Immunization Technical Officer, and Newborn Advisor positions and expanded the search to countries where many of Zimbabwe's nurses and doctors are currently living, i.e., South Africa, Botswana, and Lesotho.

### Posting of an Interim Chief of Party and Administrator

To speed the recruitment and office set up, MCHIP posted a senior program manager, Patrick Dougherty, in Harare for six weeks. MCHIP also hired an interim Administrator, Abel Rodrigues, who took responsibility during this same period for finding, negotiating the lease, and setting up the MCHIP office, preparing waivers, and hiring finance and administrative staff. These two individuals were highly productive during this short period and, as a result, by the end of the 2010 fiscal year, MCHIP/Zimbabwe had secured amenable office space for the main field office in Harare, had identified potential office space in Mutare (the base of operations for the program's learning site activities), and hired most of the core, Harare-based team members.

### Setting Up of Office Finance and Administrative Systems

In addition to the establishment of the Harare office, the Finance and Administrative (F&A) team began to establish the program's finance and administrative systems. These systems will enable smooth program operations, and will ensure that consistent fiscal and administrative support will be provided to all levels of MCHIP/Zimbabwe implementation. Activities in the quarter included: staff orientation and training on F&A functions, protocols, and procedures; establishment of program accounting systems; drafting/adaptation of key manuals (e.g., human resources, operations, etc.); and procurement.

### Staffing Update

As of September 30, 2010, the following positions have been filled:

MCHIP Country Director (Rose Kambarami)  
Maternal Health Advisor (Hillary Chiguvare)  
Clinical Training Advisor (Engeline Mawere)  
Newborn Health Coordinator (Elizabeth Dangaiso)  
Administrator (Abel Rodriguez)  
Finance Manager (Warren Chekera)  
Operations Manager (Nellie Maziya)  
Administrative Assistant/Receptionist (Dorothy Mtanda)

Recruitment continues for the *Monitoring and Evaluation (M&E) Officer* position. Close to 200 applications were received, 10 candidates were shortlisted, three were interviewed, and one candidate has been selected for further discussions. Final negotiations are currently underway with this individual, and MCHIP anticipates that an offer will be made in November 2010.

Twenty applications were received for the *Immunization Technical Officer* position, out of which three candidates were shortlisted and two interviewed. The top candidate was offered the position, but she declined the offer because MCHIP was not able to meet her salary expectations. The program is of course in clear need of a senior immunization specialist who can both interact at the highest levels with groups like the Immunization Interagency Coordinating Committee (ICC) and also at the district level with those responsible for deploying vaccines and moving human and financial resources to increase immunization coverage. MCHIP is considering different options in an attempt to ensure that these functions are covered. (See below)

Recruitment for district staff, who will be based in the MCHIP learning sites, is currently on-going. A number of qualified candidates have been identified and hiring is expected early in the next quarter (November 2010).

### Changes in the Initial Staffing Pattern

With USAID/Zimbabwe's approval, a Deputy Country Director post was added to the country staffing pattern after the workplan was approved. A well-qualified individual (Frances Tain) was identified for this post and arrangements for her relocation are currently underway. She is expected to begin her assignment in Zimbabwe in January 2011. Creation of this post will permit maximum delegation of authority to the country team and reduce the need for headquarters' involvement in many of the day-to-day decisions in country.

Several other changes to the Harare-based staffing pattern are also being considered at this time:

- Newborn Health Advisor: though results of the NH Advisor recruitment were disappointing, a well-qualified Newborn Health Coordinator has been hired. Because the Country Director is a newborn health expert, recruitment for the NH Advisor position is now on hold.

- Child Health/Immunization Advisor and Immunization Technical Officer: MCHIP is considering hiring a more senior Child Health/Immunization Advisor and then creating two lower-level positions to work with the MOHCW's child health/EPI unit, which is very seriously understaffed. A decision on this will be made once the revised implementation plan and budget are in place and it is clear that these positions are affordable given the resources available.
- Several possible secondments to the MOHCW are also under discussion with USAID. While the Ministry would undoubtedly appreciate having additional professionals to oversee and support its work, MCHIP must have assurance that individuals seconded to the MOHCW will be able to carry out critical program as well as MOHCW functions during any such secondments. Budgetary considerations will also determine whether we proceed with this strategy.

### **III. TECHNICAL ACTIVITIES**

#### Identified Program Learning Sites

Based on a desk review of the MNCH burden and the coverage of key interventions, the program and MOHCW selected Manicaland as the province that will host the MCHIP learning sites. This is one of the provinces with the worst national MNCH indicators. The next step was to establish criteria for district selection. After an initial meeting with the Provincial Health Team in Manicaland, MCHIP conducted site visits to the short-listed districts of Chimanimani, Mutare, and Mutasa. Of these districts, Mutare and Chimanimani were selected as the program's initial learning sites because both districts have the basic institutional capacity that can support our envisaged interventions.

#### Sponsored the Helping Babies Breathe (HBB) Workshop and Follow-Up Meetings in Washington, DC

Although unable to sponsor participants directly to attend the HBB Workshop in Washington, DC in June 2010 (due to Brooke/Alexander legislation), MCHIP was able to nominate one candidate to participate in this event and UNICEF agreed to support this individual along with its own Child Health Advisor and one other MOHCW participant. The Zimbabwe team was therefore made up of Dr. Assaye Kassie (UNICEF), Dr. Gonah (MOHCW) and Dr. Hilda Mujuru (University of Zimbabwe, Department of Pediatrics). Helping Babies Breathe is an evidence-base neonatal resuscitation curriculum that is designed specifically for use in resource limited areas. After the HBB workshop and training for master HBB trainers, the Zimbabwe HBB team met with MCHIP staff to discuss and begin planning for the introduction of the HBB curriculum in the context of on-going pre-service and in-service training programs for physicians, midwives and nurses. Following their time in Washington, the Zimbabwe team also had the opportunity to try out the HBB approach and to introduce it during a Life Saving Skills pre-service training course conducted by the University of Zimbabwe.

#### Worked with UNICEF on Terms of Reference for Development of Comprehensive Newborn Training Guidelines

MCHIP is in discussions with UNICEF and the other members of the HBB training team regarding their desire to develop an integrated newborn training package. As conceived, this package would incorporate the Helping Babies Breathe curriculum but go beyond that content to also include management of the premature/low birth weight newborn and neonatal sepsis. The MCHIP team worked with UNICEF (Dr. Assaye, UNICEF Child Health Advisor) on Terms of Reference for development of comprehensive newborn training guidelines. MCHIP will continue working with UNICEF and other local and global partners during the next quarter to further develop the TOR and begin development of this training package.

#### Reviewed the Routine Immunization and Measles Situation, Including the Results of Recent Immunization Coverage Surveys

Ousmane Dia traveled to the MCHIP/Zimbabwe office in August 2010 to provide technical assistance in the area of immunization (for a full list of consultants/short-term technical assistance support provided to the program during the reporting period, see Annex 1). Mr. Dia and the team reviewed findings from a recent immunization coverage survey which revealed useful information regarding current immunization coverage status, dropout rates and reasons for immunization failure in each of Zimbabwe's 11 provinces. Of the 11 provinces, only two (Manicaland and Midlands) are classified as having "serious access and utilization problems". Recommendations for these provinces include expanding the Reaching Every District (RED) approach to these areas, informing and alerting decision makers and community leaders about the urgency of the situation, and identifying high risk districts for regular supportive supervision.

#### Introduced the Idea of Using a Standards-Based Management and Recognition Approach to Quality Improvement

Dr. Jeffrey Smith, MCHIP Maternal Health Team leader, conducted a technical visit to MCHIP/Zimbabwe in August of 2010 and proposed the introduction of Jhpiego's Standards-Based Management and Recognition (SBM-R) approach for quality improvement at the health facility level. Dr. Smith and the team discussed the use of SBM-R in the Zimbabwean context, as a means for improving the quality of maternal and newborn service delivery within select health facilities in MCHIP's learning sites. MCHIP is considering this proposal, and will discuss how SBM-R can be implemented (obtaining buy-in from stakeholders, operationalization, tools, timetable, etc.) at the upcoming October planning retreat.

#### Advocated for a Maternal and Newborn Health (MNH) Quality of Care Assessment

MCHIP originally proposed to add its MNH Quality of Care (QOC) module to a National Health Facility Assessment (HFA) that is being planned as one of the baseline studies for the World Bank-funded performance-based financing program with the MOHCW. During the start up period reported here, the World Bank negotiated the terms of this program with the Minister of Health and recruited a Zimbabwe-based consulting firm (JIMAT) to carry out the national HFA. MCHIP had several discussions with World Bank representatives in the US and had begun to explore adding its own QOC module to the HFA activity. The World Bank HFA was subsequently put on hold, however, when the MOHCW objected to the Bank's proposed



approach and the MNH Working Group came forward with its own proposal for a more comprehensive midterm evaluation of the MNH Road Map.

The past few months have seen extensive discussions regarding the fate of the HFA. At this writing, it appears that the MOHCW has requested that the World Bank take the lead in coordinating the national HFA, and the MNH Working Group is preparing a TOR that lays out additional content that the Working Group would like added to the HFA (with the QOC study being the highest priority for addition). MCHIP views this as a positive development and our team members will continue to engage, through the MNH Working Group, to ensure that the QOC module, or an adaptation of it, is included in this important study.

Participated/Represented MCHIP in Key Technical Working Groups and Other Technical Fora  
Throughout the reporting period, MCHIP staff and Country Support Team members (from MCHIP headquarters) have participated in key technical working groups and technical fora, thereby contributing to the national MNCH dialogue. For example, MCHIP's Maternal Health Advisor and Clinical Training Advisor are both active MNH Working Group members and have helped to "create a space" for MCHIP within this group.

#### **IV. CHALLENGES IN THE REPORTING PERIOD**

##### Determining Program Priorities

MCHIP/Zimbabwe's program seeks to support MNCH improvement at central (policy), district/Rural Health Center (RHC), and community levels while also assisting the MOHCW to raise routine immunization coverage and introduce pneumococcal vaccine. The most critical strategic decision facing MCHIP is how much emphasis (resources) to place on each objective and at each level of the health system. This will be one of the key topics for discussion at the upcoming strategic planning retreat.

##### Building the MCHIP Team and Establishing It as a Credible Force within the MNCH Community in Zimbabwe

MCHIP is now introduced and accepted as a member of the local MNCH community; however, MCHIP's precise role (and by extension, USAID's role) is not yet well defined and its team is still in the process of forming and finding its niche. The MCHIP Country Director and Deputy Country Director will need to take the lead in 'settling' MCHIP, but this is a challenge requiring participation by the entire MCHIP team (home office, field office, USAID).

##### Poor Communications Infrastructure

Successful start-up and maintenance of MCHIP/Zimbabwe's program requires regular and effective communication between headquarters and the country office. Unreliable telephone and internet systems in Zimbabwe often hamper internal communications as well as communications with headquarters. This problem may grow worse as MCHIP expands and begins full implementation. MCHIP is searching for solutions to what is currently less than optimal internet connection and hopes to resolve this problem early in the next quarter.

## V. UPCOMING ACTIVITIES

During the coming quarter, the MCHIP/Zimbabwe team will:

- Conduct a staff retreat focusing on teambuilding, strategic planning and workplanning for program year two.
- Finalize a detailed implementation plan and a two year budget that is in line with expected funding through FY 2012.
- Finalize the program's staffing pattern in line with the two year budget and fill all remaining positions.
- Finalize the program Performance Monitoring Plan (PMP).
- Begin implementation of the workplan in the two learning sites in Manicaland (in collaboration with the District Health Executives and partners, including IRC and OPHID).
- Provide ongoing technical support for the development of an integrated newborn training package with UNICEF, MOHCW, University of Zimbabwe, WHO and others.
- Introduce the SBM-R approach to improving the quality of essential and basic emergency obstetrical and newborn care (BEmONC) at national level and in the learning sites. If accepted by the MOHCW and partners, begin using the SBM-R approach to collect baseline facility data and begin the process of improving service quality.
- Continue to work with partners on plans and protocols for the National Health Facility Assessment, with specific focus on the QOC assessment.
- Develop plans for immunization coverage surveys and RED intensification activities in the MCHIP learning sites.
- Establish and/or maintain MCHIP membership in key MNCH committees, fora, and working groups (RH Steering Committee, PMTCT Forum, Immunization ICC, Maternal Neonatal Health Working Group and others).
- Draft and begin processing a formal Memorandum of Understanding between MCHIP and the MOHCW.

# **Annex 1: MCHIP Short-term Technical Assistance (STTA) during the Reporting Period**

<b>Name of Consultant/STTA</b>	<b>Scope of Work</b>	<b>Approx. Dates Traveled</b>
Pat Taylor, Winnie Mwebesa, and Patricia Gomez (also Linda Banda from USAID)	Assessment and MCHIP/ Zimbabwe proposal development	January 2010
Pat Taylor and Kathy Haines	Start up program activities	April 2010
Pat Taylor, Winnie Mwebesa, and Kwame Asiedu	Conduct staffing interviews, present the proposal to the MOHCW, and start up activities	May/June 2010
Patrick Dougherty	Acting Chief of Party	July 13 – August 31, 2010
Jeff Smith	Support for Maternal Health Technical Area	August 9 – 12, 2010
Ousmane Dia	Support for Immunization Technical Area	August 28 – September 7, 2010
Elena Kanevsky	Support for Finance and Administration	September 2010